

PART B - FEE(S) TRANSMITTAL



Complete and and this form

ogether with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents Alexandria, Virginia 22313-1450 or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where

indicated unless corrected be maintenance fee notifications	elow or directed otherwise	in Block 1, by (a) specifyin	g a new co	or maintenance fees worrespondence address;	and/or (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1) 7590 08/19/2003				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
Reza Green, Esq.						
Novo Nordisk of N	orth-America, Inc.				•	•
Suite 6400	,,,,,			I hereby certify that th	tificate of Mailing or Tran is Fee(s) Transmittal is beir	o denosited with the United
405-Loxington-Avenue.				States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
Novo Nordisk Pharmacenticals, Inc.				Kashi	de Haji	(Depositor's name)
100 College Road West,				R. Ha	ji	(Signature)
Princeton, NJ 08540				November 19, 2003 (Date)		
APPLICATION NO.	FILING DATE	FIRST NAM	AMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/996,023	09/996,023 11/16/2001 Peter Madse		r Madsen	· · · · · · · · · · · · · · · · · · ·	6258.200-US	2060
TITLE OF INVENTION: GL	.UCAGON ANTAGONIST	S/INVERSE AGONISTS				
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PU	BLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	<u> </u>	\$300	\$1600	11/19/2003
EXAMINER		ART UNIT	CL	ASS-SUBCLASS	1	
STOCKTON, LAURA		1626		514-367000		
Address form PTO/SB/12 "Fee Address" indication PTO/SB/47; Rev 03-02 on Number is required. 3. ASSIGNEE NAME AND PLEASE NOTE: Unless been previously submitted (A) NAME OF ASSIGNEE.	nce address (or Change of C 2) attached. In (or "Fee Address" Indicat r more recent) attached. Use RESIDENCE DATA TO B an assignee is identified be to the USPTO or is being s	names agents firm (hi agent) attorne) will be E PRINTED ON THE PATE tow, no assignee data will appublishmented under separate cove (B) RESIDE	of up to OR, alternating as a and the na as or agent printed. NT (print of pear on the tr. Complet NCE: (CIT	patent. Inclusion of as	torneys or of a single attorney or ered patent at, no name a signee data is only appropriate substitute for filing an assummer.	a Green, Er hand W. Bor c A. Began diate when an assignment has signment.
		ries (will not be printed on the	e patent);	individual 💢 c	orporation or other private g	roup entity government
4a. The following fee(s) are e	nclosed:	4b. Payment				
A check in the amount of the fee(s) is enclosed.						
Publication Fee						
Advance Order - # of C	opies	Deposit A	rector is he ccount Nu	ereby authorized by cl mber <u> </u>	arge the required fee(s), or (enclose an extra	credit any overpayment, to copy of this form).
Director for Patents is reques	ted to apply the Issue Fee a	nd Publication Fee (if any) or		<u>``</u> .	 	entified above.
other than the applicant; a interest as shown by the rec This collection of informat obtain or retain a benefit happlication. Confidentiality estimated to take 12 minute completed application form case. Any comments on suggestions for reducing the suggestions for reducing the suggestions for reducing the suggestions.	registered attorney or agords of the United States Particles on the United States Particles on the United States Particles on the United States of the Unite	(Date) (Date)	equired to cocess) an llection is aitting the individual m and/or icer. U.S.	11/E5/E00 01 FC:1501 02 FC:1504 03 FC:6001	3 SDIRETAE 00000155 1 1330.00 DA 300.00 DA 3.00 DA	41447 09996023

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.